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Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. Manifest Information in the shaded areas **UNIFORM HAZARDOUS** 2. Page 1 Document No. is not required by Federal **WASTE MANIFEST** of 0 0 8 6 6 1 0 0 0 3. Generator's Name and Mailing Address A.State Manifest Document Number Douglas Aircraft 84924191 190th & Normandie B.State Generator's ID Torrance, CA 90502 4. Generator's Phone (213-538-6677 Transporter 1 Company Name 6. US EPA ID Number C.State Transporter's ID Oil Process Co. D 0. 5. 0.8.0 6 8 5 0 D.Transporter's Phone E.State Transporter's IB13 585-5053 Transporter 2 Company Name US EPA ID Number F.Transporter's Phone Designated Facility Name and Site Address G.State Facility's ID 10. US EPA ID Number CASMALIA P.O. Box E NTU Road H.Facility's Phone Casmalia, CA 93429 CADO2.0.7.48125 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Unit Waste No. Type Nt/Vo a. E Waste Sodium Hydroxide Solution - Corrosive 001 TT 04500 121 E A T b. 0 c. d. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above Solium Hydroxide 6% Sodium Aluminate 6% 4% Water 86% 15. Special Handling Instructions and Additional Information **Guide #60** Use gloves, goggles, respirator - May cause severe burns to skin & eyes. 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year 1.9 1.8 8.3 17. Transporter 1 Acknowledgement of Receipt of Materials Date TRANSPORTER Printed/Typed Name Signature Month Day Year 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Signature Month Day Year

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